

Apr 30, 2025

# GP at Hand / Dr Jefferies PPG Meeting

## Attendees:

- Rita Bright (Senior Business Partner Dr Jefferies & Partners)
- Dr Frank Schneider (Medical Director GP at Hand)
- Misha Roobari (Director of Clinical Services, DJP)
- Sally Collins (Governance Manager, DJP)
- Marie Baker (Contracts Manager, DJP)
- Julie Cummings (Service Manager, DJP)
- Kemisha Plummer (Service Manager, DJP)
- GP at Hand patients x 8
- Dr Jefferies & Partners x 3

## Summary

A hybrid meeting with patients from both PCN practices (GP at Hand & Dr Jefferies) attending both in person and online. There was a discussion about last year's NWL Access survey results (2,332 respondents across both practices). Key findings revealed challenges with phone access during peak hours and online consultation awareness, alongside positive feedback on staff and call-back functions. Future steps include further surveys to address appointment wastage and improve access, along with exploring solutions for continuity of care and ensuring survey accessibility for all patients.

## Details

- **Meeting Introduction and Purpose** Rita Bright opened the hybrid meeting, introducing the attending team members from Dr. Jeffries & Partners and GP at Hand. The meeting's purpose, requested by NWL, was to assess general practice access for both practices, analyzing survey results from 2,332 respondents.
- **Meeting Housekeeping** Rita Bright outlined housekeeping rules including procedures for remote participants to ask questions, maintaining patient confidentiality, and keeping the discussion focused on service improvement, not individual complaints. They emphasized a one-hour time limit.

- **Survey Results on Patient Contact** The survey revealed challenges for patients contacting the surgery during peak hours, including disconnected calls. However, there were also positive comments regarding efficient phone systems, short wait times, and polite staff. Complaints included extended holding times (exceeding 20 minutes), long reception queues, and difficulty securing same-day or next-day appointments.
- **Survey Results on Online Consultations** Many patients were unaware of the availability of online consultation services. The survey responses were predominantly from GP at Hand patients (84%), reflecting the difference in patient list size between the two practices.
- **Discussion on Accessing GPs** The first discussion point centered on what matters most to patients regarding GP access, with key responses focusing on the ability to get through on the phone and secure appointments. One participant shared a positive experience, noting that wait times are expected to be longer on Monday mornings.
- **Appointment Access Data** Rita Bright shared data from a previous survey undertaken by Dr Jefferies & Partners indicating that 85% of patients received appointments within a week, with 50% receiving same-day appointments. A comment from a GP at Hand patient highlighted the importance of online booking and virtual consultations.
- **Accessibility Concerns and Clinic Locations** A GP at Hand patient raised concerns about the accessibility of the Wimbledon branch, citing difficulties due to their child's autism. They also discussed issues with referrals and the accessibility of services outside their immediate area.
- **NHS Referrals and Community Services** Frank Schneider addressed concerns about referral limitations, explaining the differences between community services (commissioned locally) and consultant NHS secondary care services (accessible to all). They emphasized patients' right to access consultant services regardless of registration location, as guaranteed by the NHS constitution.
- **Positive Feedback and System Improvements** Positive feedback focused on the staff's helpful and positive attitude. The use of the call-back function was also highlighted as positive. Frank Schneider explained the transition from the Babylon app to the NHS app for online services, addressing queries about prescription ordering and appointment booking.
- **Addressing Appointment Wastage** Rita Bright discussed the issue of appointment wastage due to patients not attending without notice. They

planned to explore ways to reduce this, including surveys and potentially implementing stricter cancellation policies.

- **Proactive Service Improvements** The team aims to improve access by proactively ordering repeat prescriptions and scheduling tests for patients before their medication runs out. This proactive approach aims to shorten the patient journey and reduce the need for phone calls.
- **Smart Triage System Feedback** Feedback on the Smart Triage system included requests to adjust the length of booking links and add a brief note section to the triage form. Frank Schneider explained that changes to the Smart Triage forms are limited due to NHS approval requirements, but that adjustments to appointment mapping are possible based on feedback.
- **Continuity of Care and Doctor Availability** A participant raised a concern about the lack of continuity of care when seeing different doctors for ongoing issues. Rita Bright acknowledged this as a challenge, especially with popular doctors having limited availability. They mentioned exploring systems that record detailed patient conversations to aid continuity.
- **Conclusion and Future Plans** The meeting concluded with plans to conduct further surveys to assess access and address appointment wastage, incorporating feedback received. They planned to invite attendees to future meetings to continue collaboration on service improvements.
- **Continuity of Care and Patient Choice:** Frank Schneider discussed the importance of continuity of care, noting that while it is beneficial for many patients, it is less crucial for urgent issues. They also highlighted the patient's ability to choose their clinician using online booking filters, allowing them to select appointments with a preferred doctor, regardless of date.
- **Survey Accessibility:** A GP at Hand Patient raised concerns about the online nature of the survey, noting that it might exclude patients without technology access due to financial or other constraints. Frank Schneider acknowledged the validity of this point and proposed providing paper copies of the survey in clinics and investigating the need for translations into other languages based on patient demographics.

## Suggested next steps

GP at Hand will explore options for better clinic access for GP at Hand patients in southwest London

GP at Hand & Dr Jefferies & Partners will collaborate to develop survey questions focusing on appointment scheduling, including the time elapsed between booking and appointment, and additional questions to assess

service quality. The refined questionnaire should aim for brevity to maximize response rates.

GP at Hand & Dr Jefferies & Partners will investigate strategies to reduce appointment wastage caused by patient non-attendance or cancellations, including analyzing data on no-show rates and exploring options like improved appointment reminders and proactive prescription management. This will include a future discussion of the findings in the next meeting.

The practices will work towards developing a system for proactively providing patients with access to their prescriptions and necessary tests, including exploring the feasibility of 12-month prescriptions for frequently needed medications like allergy medications.

GP at Hand & Dr Jefferies & Partners will ensure paper copies of the survey are available in clinics and will determine the need for translations into languages other than English based on patient demographics. If a significant percentage of patients speak a language other than English, the group will make copies of the survey available in those languages.